# Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Josh Lowenthal for Assembly 2022			Date of This Filing1		Date Stamp	CALIFORNIA FORM 497	
AREA CODE/PHONE NUMBER (213)452-6565	I.D. NUMBER (if applicable 1443482	e)	Report No.	10322A		For Official Use Only	
STREET ADDRESS			☐ Amendment to Report No				
CITY Los Angeles	STATE CA	ZIP CODE 90017	(explain below)  No. of Pages	4			

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/02/2022	Anheuser Busch Company Saint Louis, MO 63118	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$1,100.00
11/02/2022	Davita Denver, CO 80202-5117	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$4,900.00
11/02/2022	Fortune Players Group, Inc Daly City, CA 94015-2660	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$3,000.00

*Contributor Codes	
IND - Individual PTY - Political F	Party
COM - Recipient Committee (other than PTY or SCC) SCC - Small Co OTH - Other	ontributor Committee

Reason for Amendment:

# Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Josh Lowenthal for Assembly 2022			Date of This Filing11/4	03/2022	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (213)452-6565	I.D. NUMBER (if applicable)		Report No.	0322A		For Official Use Only	
STREET ADDRESS			Amendment to Report No.		Page 2 of 4		
CITY Los Angeles	STATE CA	ZIP CODE 90017	(explain below)  No. of Pages	4			
	_						

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/02/2022	Fresenius Medical Care Waltham, MA 02451-1519	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$2,900.00
11/02/2022	Lucky Chances, Inc Daly City, CA 94014	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$4,900.00
11/02/2022	McDonald's Corporation Chicago, IL 60607-4106	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$4,900.00

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

## Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Josh Lowenthal for Assembly 2022			Date of This Filing11/03/20	Date Stamp	CALIFORNIA FORM 497	
AREA CODE/PHONE NUMBER (213)452-6565	I.D. NUMBER (if applicable 1443482	e)	Report No	<u>A</u>	For Official Use Only	
STREET ADDRESS			Amendment to Report No.	Page 3 of 4		
CITY Los Angeles	STATE CA	ZIP CODE 90017	(explain below)  No. of Pages 4			
Lata Cantalbatian(a) Baa						

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/02/2022	UA Journeymen & Apprentices Local #250 Gardena, CA 90248-4217  ID# 743959	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		\$4,000.00
11/02/2022	Shelia Voss Sacramento, CA 95814-3926	IND COM OTH PTY SCC	Office Manager Engineering Contractors' Association PAC	\$1,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes	
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

# Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Josh Lowenthal for Assembly 2022  AREA CODE/PHONE NUMBER (213)452-6565  STREET ADDRESS  CITY Los Angeles  STATE ZIP CODE 90017		Date of This Filing11/03/2022	Date Stamp	CALIFORNIA FORM 497		
		I.D. NUMBER (if applicable) 1443482	Report No110322A		For Official Use Only	
		Amendment to Report No.	Page 4 of 4			
		(explain below)  No. of Pages 4				
Late Contrib	ution(s) Made					
DATE MADE		NG ADDRESS AND ZIP CODE OF RECIPIENT DIMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTI	AMOUNT OF	DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment: